

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-852)

10 816 716

ATTORNEY

DATE

3/22/6 CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL 100			↓	↓ 2	↓	
TOTAL SER.	←		← 4	←		
TOTAL CLAIMS		████████		████████	████	████

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
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TOTAL 100			↓	↓	↓	↓
TOTAL SER.	←		←	←	←	←
TOTAL CLAIMS		████████		████████	████	████